

BOARD OF PATENT APPEALS AND INTERFERENCES  Thereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postages as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)]  on  Signature  Typed or printed name: *  Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the last decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))  Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this applicantion to a Deposit Account. I have enclosed a duplicate copy of this sheet.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0573. I have enclosed a duplicate copy of this sheet.  Applicant/inventor  Applicant(s) hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0573. I have enclosed a duplicate copy of this sheet.  Applicant for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0573. Thave enclosed a duplicate copy of this sheet.  Signature:  Signature:  Signature:  Typed or printed name: Mercedas it Meyer, Ph.D., Esq.  Typed or printed name: Mercedas it Meyer, Ph.D., Esq.  Typed or printed name: Mercedas it Meyer, Ph.D., Esq.  Typed or printed name: Mercedas it Meyer, Ph.D., Esq.  Typed or printed name: Mercedas it Meyer, Ph.D., Esq.  Typed or printed name: Mercedas it Meyer, Ph.D., Esq.  Typed or printed name: Mercedas it Meyer, Ph.D., Esq.  Typed or printed name: Mercedas it Meyer, Ph.D., Esq.  Typed or printed name:	TICE OF APPEAL FROM THE EXAMINER TO THE	Docket Number (Optional)	
In re Application of:  With the United States Postal Service with sufficient postages as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on  Signature			
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Signature Filed: March 15, 2004  Filed: March 15, 2004  For: ARYLPIPERIDINOL AND ARYLPIPERIDINE DERIVATIVES AND PHARMACEUTICALS CONTAINING THE SAME AT Unit 1625 Examiner Rita J. Desai  Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the last decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$500.00  Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:  A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0573. I have enclosed a duplicate copy of this sheet.  A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  I am the assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is Enclosed. (Form PTO/SB/96)  Statomey of agent of record. Registration Number: 44,939  Telephone Number: 202-842-8821  Date: April 10, 2007			
Signature			
Signature	22313-1450" [37 CFR 1.8(a)]	Filed: March 15, 2004	
Signature	on		
Typed or printed name: * Art Unit 1625   Examiner Rita J. Desai   Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the last decision of the examiner.  The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))   \$500.00    Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$N/A    A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0573. I have enclosed a duplicate copy of this sheet.  A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.  I am the applicant/inventor   Signature: Next Description   Signature: Next Descriptio			
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Submit multiple forms if more than one signature is required, see below.* 04/11/2007 DEMMANUI 00000063 10799681			
□ *Total of 1 forms are submitted. 01 FC:1401 500.00 OP	□ *Total of 1 forms are submitted.	01 FC:1401 500.00 OP	